The Assessment of Suicidal Patients

Sample Initial Written Question on Suicide

From the asQ’em: “in the past month, have you had thoughts of suicide?” and “Have you ever made a suicide attempt?” If the patients answer yes to either the follow-up question is “Are you having thoughts of suicide right now?”

From the PHQ-9: “have you had thoughts that you would be better off dead or of hurting yourself in some way for at least several days in the last two weeks?”

Initial Questions to Ask About Suicide¹

Are you having suicidal thoughts?

(If no, and if there are no other risk factors for suicide, the psychotherapist may discontinue questions about suicide)

If yes, ask the following questions: have you thought of suicide in the last two months

Have you ever attempted suicide?

How do you feel about surviving this attempt?

Has anyone in your family ever attempted suicide?

How do you intend to kill yourself? (followed up with questions about the specificity of details and whether efforts have been made to further the plan)

What is the likelihood that you will attempt suicide again (on a scale of 1 to 5)?
(If intent is 3 or higher, ask have you taken any steps to prepare to kill yourself, Such as hoarding pills, acquiring a firearm, etc.).

What do you think of suicide as a way to respond to life’s difficulties?

Do you think you would be better off if you died accidentally?

Other questions as needed. . .

¹ Psychotherapists should feel free to paraphrase these questions in accord with their own style of expression and add follow-up or supplemental questions as needed. As noted in the text, the psychotherapist should conduct the interview in a non-judgmental and caring manner, ensuring that the patient feels a chance to be heard and understood.
Baseline (Static) Factors Concerning Suicide Risk

<table>
<thead>
<tr>
<th>Factor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Risk of death increases with age, especially for those over the age of 65</td>
</tr>
<tr>
<td>Gender</td>
<td>Men complete suicide more frequently, although women attempt it more often</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Whites and Native Americans are more likely to die from suicide than Blacks or Asian-Americans</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>Minority sexual orientation increases risk especially if combined with bullying or social rejection(^2)</td>
</tr>
<tr>
<td>History</td>
<td>A history of childhood abuse, or exposure to traumatic events or violence increases the risk of a suicide attempt</td>
</tr>
</tbody>
</table>

\(^2\) Gender and sexual orientation are usually, but not always static. Some of the information, such as age or gender can be simply observed. Ethnicity or sexual orientation may not be obvious. When gathering information on these and other issues, psychotherapists should ensure that they are interviewing the patient in a nonjudgmental manner and give the patients an opportunity to tell their stories.
Acute Factors Increasing Suicide Risk

<table>
<thead>
<tr>
<th>Thoughts about suicide</th>
<th>The risk of a death by a suicide attempt increases as the intensity, duration and frequency of ideation increases. Ideation accompanied by specific plans need to be considered more seriously.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous attempts</td>
<td>The risk of suicide increases with the number of attempts, their recency, and the lethality of the means used.</td>
</tr>
<tr>
<td>Psychiatric illness</td>
<td>A psychiatric disorder increases the risk of suicide and the risk increases accordingly to the severity of the disorder. These disorders often involve great emotional pain, helplessness, and hopelessness. Impulsivity and addictions also increase the risk of suicide.</td>
</tr>
<tr>
<td>Recent stressful events</td>
<td>Especially those involving loss of a loved one, humiliation, or betrayal. Recent incarceration and financial stressors are risk factors as well.</td>
</tr>
<tr>
<td>Medical conditions</td>
<td>Chronic pain and functional limitations increase risk, especially when they involve perceived burdensomeness.</td>
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<tr>
<td>Lack of social support</td>
<td>Loneliness increases risk, especially when there is thwarted loneliness created out of loss or rejection by valued others or alienation.</td>
</tr>
<tr>
<td>Access to means</td>
<td>Access to firearms, medications or other means to die from suicide.</td>
</tr>
</tbody>
</table>

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3 Psychotherapists can add additional questions based on the unique history of the patient or other factors commonly found with the peers of the patients. During the interview process the psychotherapists should ensure that the patients have the opportunities to tell their stories and feel as if they were heard.
Factors Reducing Suicide Risk (Protective Factors)\(^4\)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious beliefs or affiliations</td>
<td>Many individuals have religious beliefs or worldviews that prohibit suicide.(^5)</td>
</tr>
<tr>
<td>Marriage</td>
<td>Strong marriages offer substantial social support.</td>
</tr>
<tr>
<td>Children</td>
<td>Having children may reduce the risk of suicide, especially if a patient loves or value their children. However, the risk of suicide may increase risk if there is post-partum depression or teenage pregnancy. (^6)</td>
</tr>
<tr>
<td>Other supportive networks</td>
<td>Could be close friends, or participation in a social group (such as a church).</td>
</tr>
</tbody>
</table>

\(^4\) Psychotherapists can add additional questions based on the unique history of the patient or other commonly found protective factors. During the interview process the psychotherapists should ensure that the patients have a chance to tell their stories and feel as if they were heard.

\(^5\) It may be helpful to look at any speech that indicates a center of meaning, or a commitment to a life philosophy that involves some transcendent obligation or commitment on the part of the patient.

\(^6\) Commitment to pets may also reduce risk of suicide in some patients.
Assessment Checklist

Initial Questions

Do you ask patients about suicidal thoughts at least once, unless you can identify clinical reasons not to do so?

If a patient indicated suicidal thoughts do you follow up with more detailed questions, such as previous suicide attempts, their thoughts about surviving such attempts, a history of suicide attempts in their family, etc?

Did you assess passive thoughts of death?

Unless a patient indicated very low suicidal ideation or intent and/or does not have other high risk factors, do you conduct a thorough suicidal evaluation?

Is the interview conducted in a caring and nonjudgmental manner?

Detailed Suicidal Review

When conducting a more detailed suicide assessment, do you gather systematic data on the risk and protective factor for the patient?

Do the patients feel that they had a chance to tell their stories?

Does the patient have a sense that you care about them and their well-being?

Screening Instruments

When conducting a more detailed suicide assessment, do you use a screening instrument to further assess suicide risk?
Additional Resources


**Recommended Books**


Examples of Instruments

Columbia Suicide Screening Rating Scale: http://www.cssrs.columbia.edu/

It is free. The website reviews the different versions. Brief training videos are available.

Safe-T (Suicide Assessment Five Step for Triage)


It is free and includes an option of a mobile app; contains management recommendations

Suicide Behavior Questionnaire-Revised (SBQ-R)


it is free and brief—only 4 questions

Beck Scale for Suicidal Ideation

Copyrights for sale by Pearson at
http://www.pearsonclinical.com/psychology/products/10000157/beck-scale-for-suicide-ideation-bss.html

Beck Hopelessness Scale

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Suicide Ideation Questionnaire

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